

Excerpts From Books By Jane Thurnell-Read

Allergy A To Z

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Allergy A to Z

by

Jane Thurnell-Read

(Excerpts Only)

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Excerpt from What Is Allergy?

The word 'allergy' was first coined by an Austrian paediatrician, Baron Clemens von Pirquet, in 1906 from the Greek 'allos' meaning altered or changed and 'ergon' meaning reaction. So the word 'allergy' literally means 'altered reaction'.....

At one time, if an immune system involvement could not be shown, the 'allergic' reaction was often ignored or discounted as insignificant by the medical profession, in spite of the distress to the sufferer. Now, however, many medical practitioners distinguish between allergy and sensitivity....

We probably all have tolerance levels for everything we are in contact with, but if your tolerance level for oranges, say, is twenty oranges a day, you would probably be unaware that you had a limited tolerance. However, if your tolerance for oranges is one small orange a day, every time you have a large orange you would have some sort of symptom....

Excerpt from Why Do People Become Allergic?

The IgE antibodies are also involved in allergic and hypersensitivity reactions, so people with these inherited efficient IgE mechanisms are more likely to suffer allergy problems than people who have inherited a less efficient system. This super-charged immune system was a plus for an asthma sufferer's distant ancestors inhabiting a world with many life-threatening parasites, but now leads to a 'trigger-happy' immune system firing off inappropriately.....

Excerpt from Allergy Equals Addiction

Allergy often seems to equal addiction and the reason for this is not totally clear. It has been suggested that this may be because some protein fragments formed when food is broken down are similar to endorphins, which the body produces naturally to counteract pain and produce euphoria. Then the allergy sufferer's body becomes adapted to that level of endorphin activity and so craves the allergen in order to maintain the endorphin levels. ...

Excerpt from What Symptoms Can Be The Result Of Allergies?

Dermatitis

The skin becomes inflamed and will be sore and possibly itchy. Contact dermatitis occurs when the skin reacts to something it is in contact with, such as nickel, chromium, perfume, some plants and latex. Sometimes the dermatitis appears in a sensitive area of the skin rather than the actual site of the initial contact. For example, a nail polish allergy may not show up on the robust skin around the nail, but could affect the more sensitive skin around the eyes, because it has been touched by the varnished nail. Can also be caused by reactions to commonly consumed foods....

Excerpt from Allergy Signs In Children

Many parents and carers wonder if a child's problems and symptoms could be the result of allergy. The more of the following signs that apply to the child, the more likely it is that his/her problems are at least in part allergy-based.

Dark Circles Or Bags Under The Eyes

These make the child look permanently tired. In Chinese medicine this area of the face is linked to the adrenal glands. The adrenal glands are one of the main organs of the body involved in stress reactions, and exposure to allergens certainly produces stress in the body. Sometimes there is also a crease seen under the eyelids....

Excerpt from Correlations

Symptoms Worse During Or Just After Thunderstorms

Thunderstorms tend to concentrate pollen particles in a narrow band of air close to ground level. There is also a significant increase in mould spores in the air....

Excerpt from Detecting Allergies

ELISA (Enzyme Linked Immunosorbant Assay) Testing

This method is carried out in a laboratory on a pinprick of blood, which can often be sent through the post. The sample is diluted and placed on a plate with various food antigens located in wells. After several procedures, the plate is checked by computer to see if food antibodies have bound to the antigens. This procedure considers IgG 1,2,3 and 4. Only looks at foods. Available by mail order.....

Excerpt from Correcting Allergies

It is fortunate then that there are some effective and pain-free ways of eliminating allergies/intolerances. There are two methods that I particularly recommend, because I have extensive professional experience of them. This is not to say that other methods are not effective....

Excerpt from Allergens A to Z

Apple

Individuals allergic to apple may also be allergic to carrot as they share some of the same chemicals, even though they are not in the same botanical family. Used to make pectin.

Beds & Bedding

We come into close contact with a lot of different substances while we sleep. Bed may be made from wood and metal. Mattresses and pillows can be made from a variety of materials. Duvets/quilts are usually made from feathers or polyester. Sheets are usually made from polyester and/or cotton. House dust mite and detergents may also be a problem. May be a problem because it's a favourite sleeping spot during the day for a pet. See also mattresses and pillows.

Nickel

A metal found in cheap jewellery, jean studs, hairpins, zips (zippers), bra clasps, buckles, keys, spectacles, coins, stainless steel and hair dyes. Also used as a catalyst for hydrogenating vegetable oils. The electrical elements in kettles and water heaters also contain nickel. Hot drinks made from water boiled in a kettle will contain minute traces of nickel. May be in flour as a result of milling. Nickel is present in the body in small amounts and is thought to activate certain enzymes. Nickel allergies are often aggravated by sweating.

Urine

Urine from mice, rats, guinea-pigs and hamsters can be a problem. In pet animals the bedding becomes contaminated, and then the activity of the animal releases large amounts of urine proteins into the air. Cans, bottles and packing may be contaminated with rat urine from storage in supermarket warehouses.

Vanilla

A natural flavouring coming from the vanilla pod. In same botanical family as orchids. Widely used in confectionary and desserts, including foods that are not obviously vanilla flavoured such as chocolate products and some breakfast cereals. Also used as a perfume in personal care products and cosmetics. See also vanillin.

Wine

...Some people are only allergic to one type of wine (red or white). Red wine is not made from red grapes and white wine from white grapes as is popularly supposed. Red wines are made by fermenting the pips, skins and sometimes the stems (as well as the fruit). Tannin used in red wine to preserve it. High levels of tyramine in red wine. Where a person is only sensitive to white

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wines it is possible that they are reacting to bentonite, used extensively for refining white wine, but rarely for red. ...

Energy Mismatch:

**Hormones, Enzymes, Viruses, Heavy Metals,
Vaccinations, Drugs, Allergens, Flower Remedies,
Homeopathics & More**

by

Jane Thurnell-Read

(Excerpts Only)

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Excerpts

What Is Energy Mismatch?

In our normal lives we encounter many different substances: food, personal care products, household cleaners, things we inhale or touch, drugs and supplements, viruses, bacteria, fungi, and possibly even parasites. The body has to decide how to react to any of these physical substances it encounters. This is a critical process, because it determines the processes that are put in train by the body, and what happens to the substance.

For example, if the body considers a substance in the mouth to be something it wants, it will produce digestive juices, etc., in order to maximise absorption. On the other hand if the ingested substance is viewed as harmful, vomiting or diarrhoea may occur. If something entering the nose is viewed as beneficial, the airways open and breathing becomes deeper to allow easy entry, but if it is categorised as harmful, narrowing of the air passages or copious production of mucus may result, in order to block or hinder entry.

Sometimes, however, the body / energy system seems to mis-categorise something, and this can have serious implications for health.

There are three basic possibilities:

1. Something beneficial is miscategorised as harmful
2. Something harmful is miscategorised as beneficial
3. Something is uncategorised

If the body categorises something harmful as beneficial, it will do its best to enhance absorption of the substance, even though it is harmful. If it categorises something beneficial as harmful, it will do its best to block entry, and failing that to excrete the substance as quickly as possible from the body, minimising absorption. If it is unable to categorise it at all, it will not know what to do with it. All of these situations can lead to all sorts of health problems.

The body also has to categorise and react appropriately to substances produced within the body itself. In many ways the body can be seen as a complex chemical factory, producing a wide range of chemicals. Some chemicals are used where they are produced. Some are produced in one area, but travel around the body either continuously in the blood stream or to target another organ. The body also produces waste products (e.g. ammonia, urea) as a result of all this chemical activity. These need to be either recycled or excreted.

Efficient functioning at this level of complexity is in part dependent on the body recognising the substance appropriately. If it does not recognise a useful substance for what it is, it may try to break it down or excrete it from the body. A metabolic by-product may be stored rather than excreted.

These and other problems can result in a whole range of health problems.

The energy mismatch test determines whether or not the energy system recognises the substances appropriately. It checks if the energy system will attempt to use the substance appropriately.

Both the testing procedure and the correcting procedure are very simple, but the results can be dramatic, across a wide range of different complaints.

The energy mismatch concept is one of the most useful I know: it has broad applications, and the testing and correcting procedures are very simple, and yet the results can be extraordinary.

Inhalants, Contact Substances Etc.

Many practitioners concentrate on testing foods, but things people come into contact with and things they inhale are at least as important.

In our daily lives we breathe in dust, moulds, perfumes and at some times of the year pollens. We touch different types of wood, different fabrics, metals and ceramics. Any of these can be a problem for your clients. You can use this energy mismatch procedure to test and correct many of these problems.

In considering airborne substances it may be important to consider substances that originate a long way away. Volcanic dust, sand, pollens and pollution can be carried thousands of miles from their origin, so even though your client does not live near an active volcano or a desert, does not have a house in the country or does not live near a factory or an airport, you may still wish
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to test airborne substances that relate to these places.

Many chemicals are ubiquitous in the environment, so that in practice clients are often unaware of this sort of allergy, because they are unable to pinpoint a reaction that coincides with exposure.

Formaldehyde, for example, is one of the most common chemicals in the environment; it occurs in washing up liquid, cosmetics and personal care products; it gives paper 'wet strength', so is used in toilet paper and tissues; it is used in glue and so is found in chipboard and carpets; many non-crease, non-iron finishes applied to fabrics contain formaldehyde. This is not mentioned on the garment or bedding label: it may say 100% cotton, or 50% cotton and 50% polyester, but this does not mean that formaldehyde and other chemicals have not been used in the finishing.

Phthalates are chemicals that are found in plastics. They make plastics softer, but have been found to migrate into food or drink contained in the plastic, so some foods and many drinks are contaminated with phthalates. Your clients are exposed to these chemicals, and may need testing and correcting on them.

Benzene is given off when petrol/gas is put into cars. It is also used as an industrial solvent, in dyes, paints, adhesives and varnish removers, as well as drugs, and in the manufacture of nylon and other fabrics.

Triphenyl phosphate is a flame retardant added to many plastics such as TV's and computer monitors. When in use the appliance heats up and small amounts of this chemical vaporise into the air. This may affect people in an office even when they are not using a computer or similar equipment. Some people are aware that they react to electronic equipment, and put it down to the electromagnetic pollution, but triphenyl phosphate could be the problem, or certainly an additional factor.

These are a few examples. I hope they will help you realise that many of these chemicals are encountered in so many ways that it is vitally important to include them in your testing for at least some of your clients.

People encounter many things through their contact with other people. The client may not wear perfume, but will certainly be exposed to perfume worn by other people. A client who has no pets of their own may be exposed to cat hair on the clothes of friends. One of my sons would react with violent coughing to the cigarette smoke in people's hair and on their clothes, even though they had not smoked for several hours.

There are some allergens that are even less obvious at first sight, for example, a glaze used on crockery, or the stone used to build the client's house.

Geopathic Stress & Subtle Energy

by

Jane Thurnell-Read

(excerpts only)

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Origins Of The Term

Geopathic comes from two Greek words: *geo* means 'of the earth', and *pathos* means 'suffering' or 'disease'. The word 'geopathic' literally means suffering or disease of the earth. Geopathic stress (GS) is the general term for energies emanating from the earth that cause discomfort and ill health in human beings. Because of their detrimental effect, they are often known as negative earth energies.

Some people use the term geopathic stress only to describe ley lines (man-made energy lines), or only to describe energy disturbances caused by underground water. Yet others use the term in a way that includes both energy disturbances from the earth and man-made electromagnetic pollution such as power lines, radio waves, and so on (see appendix 1). People who restrict the meaning to either ley lines or underground water will miss many energies that have a destructive effect on people's health. On the other hand widening the concept of geopathic stress to include electromagnetic pollution can be misleading and confusing.

The Beginnings

Initial interest in the idea of geopathic stress was stimulated by the work of Winzer and Melzer in Germany in the 1920's. In Stuttgart they found geological faults present in the areas of the city with the highest incidence of cancer. Gustav Freiherr von Pohl took this work further and studied two places: Vilsbiburg and Grafenau. Vilsbiburg had a very high incidence of cancer and Grafenau a very low incidence. In Vilsbiburg von Pohl accurately predicted the incidence of cancer by dowsing for 'water veins' using a 1:1,000 scale map of the town. This survey was greeted with some scepticism because Vilsbiburg was a small town (8,300 inhabitants) with a high cancer rate. Von Pohl then turned his attention to Grafenau, which was the town with the lowest incidence of cancer in the area. Once again von Pohl showed a link between cancer cases and geopathic zones. (Christopher Bird, *The Divining Hand*).

The Effects

There are many different types of geopathic energies with some people being more susceptible than others. Sleeping, living or working constantly in a geopathically stressed area can lead to emotional and physical problems and difficulties, which exact a heavy toll on both the sufferers and their families. Cancers, miscarriages, chronic ill health and personality changes have all been linked to geopathic stress.

Unfortunately, because most people do not know about geopathic stress, they do not realise what is happening. They do not know that it is possible to make changes that can neutralise the effect of these negative earth energies and allow people to avoid serious ill-health, or re-gain previous good health and well-being.

If exposure to geopathic energies is short-lived, the effects are usually insignificant, although some people will show symptoms of tiredness, inattention and headaches when sitting in a particular geopathically stressed area for even one or two hours. Inattentiveness in long meetings is not necessarily a sign of boredom. An engineer once challenged me to assess a lecture theatre for geopathic energies and then predict who would experience headaches or lethargy during an afternoon lecture by him. During his lecture he asked people to raise their hand if they had a headache or felt unwell in some way. Many of the people who did were sitting in the seats I had designated. My engineering friend was very impressed by the result.

Any effect from short-term exposure such as this is likely to be transitory. The body quickly recovers and returns to its normal state. Problems only occur when people spend a long time in places where the earth's energy is disturbed, perhaps when an individual's house or work place (or sometimes even both) is in an area of high geopathic stress.

Shortage Of Building Land

As building land becomes increasingly scarce, there is less and less choice about where houses are built. Even if builders and architects had an understanding of GS there would be fewer and fewer options about where to put houses and

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other buildings. As it is, the location of buildings is determined on purely commercial grounds, taking into account land prices, proximity to transport, planning rules and so on. The day when building sites are routinely assessed for geopathic stress is a long way off.

People may live in the same building for many years, and their exposure to a particular form of negative energy can last a long time. Rolf Gordon, the founder of the Dulwich Health Society (13), has remarked that gypsies very rarely get cancer. Gordon believes this is because they move from place to place, so that their exposure to a 'bad' place would only be for a couple of weeks at most. He also notes that when choosing a site gypsies take into account the feel of a place. There is no conclusive proof that the reason there is so little cancer among gypsies is because their exposure to geopathic influences is kept to a minimum, but it is an interesting theory. Some writers have suggested that in more 'primitive' times, humans had some understanding of these matters and so would build appropriately, taking into account the feel of the land.

The Evidence

I have used case studies for illustration throughout the book. Unfortunately these do not convince the scientific mind. When I talk to some of my scientific friends, they tell me I am citing anecdotal evidence. While accepting that this is true, it does not mean that the anecdotes are wrong or unworthy of consideration. As

we amass more of these, the evidence becomes increasingly persuasive. Sceptics seem to be particularly impressed by the fact that animals are also affected by geopathic energies, and it is hoped there will be more well documented case studies in this area.

Predictive studies also give the sceptic food for thought. Of course, illness can occur even when geopathic stress is not present, so there is not a total correlation between geopathic stress and illness. Most critics who dismiss the concept of geopathic stress out of hand are taken aback when they see how it can be used predictively. This is much more convincing than producing evidence that people pay a practitioner money to fix their houses and then get better. The sceptic mutters: 'Placebo effect' or: 'They got better because they paid you'. When a practitioner can accurately predict problems, the sceptic may still not accept the idea of geopathic stress, but they usually accept that the practitioner has produced an accurate prediction in a way that they cannot explain.

A study using live blood analysis conducted at Wageningen University in the Netherlands in 2005 offers an alternative type of evidence. A blood sample was taken from a woman before she had a Geomack unit installed. This sample showed that the red blood cells were in long chains – the Rouleau effect. This severely reduces the surface area of the red blood cells, and so makes these vital cells much less efficient. Another blood sample was taken twelve weeks later. In the mean time the woman had made no other changes - her house, her diet, her medication, etc. were the same. This blood sample showed very little evidence of the Rouleau effect, meaning that the red blood cells were now able to perform more efficiently.

Ann and Roy Procter (30), who correct geopathic problems without visiting the site, carried out an interesting study. The results were presented at the International Conference in Manchester organised by the British Society of Dowsers (07) in August 2003. The paper was subsequently published in two parts in *Dowsing Today* (Vol 40 nos. 282 & 283). It can also be found on the Procters' web site (30). They enlisted the help of Dr Vicky Wass, who was a tutor in statistics in the Business School at Cardiff University, Wales. She helped design the questionnaires and analysed the results.

The research was carried out with the help of 105 households that had requested the Procters' help (in serial order as they came in, with no exceptions) for problems that they believed were associated with geopathic stress and/or discarnate presences. Each household was asked to complete four identical questionnaires. The questionnaire asked about 26 personal and house-related symptoms. The first questionnaire was completed before any work was undertaken.

The respondents were then divided into two groups for the second questionnaire. One group received the questionnaire after the work had been done, and the other group, effectively a control group, before the work was done. No one knew which group they were in, and neither did Dr Wass, who was carrying out the statistical analysis. The third questionnaire was sent after the work had been completed and the fourth about a month later. Of the initial 150 households 105 households completed all four surveys. At the end of the survey 85 of the 105 respondents "showed, by their filling of the questionnaires, that they experienced some improvement in health".

What makes this study even more interesting is the responses to the second questionnaire. 16 respondents in the control group said they had benefited, even before anything had been done. 48 of the other group reported a benefit – they

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completed the questionnaire after the work had been done. The 16 members of the control group who benefited presumably would have improved anyway, or they experienced a placebo effect. This suggests that, of the 48 in the second group who benefited, 16 of them would have reported a benefit even if nothing had been done. This indicated that 32 of them had received some real, immediate benefit. These numbers increased with time, as the effect of the work brought about healing for more people. This is an ingenious study and deserves to be much more widely known.

Although understanding of geopathic stress is still incomplete, it is possible to make dramatic differences to some people's lives by taking these energies into account. We cannot stand back and wait for full understanding and proof, because many people's lives and health are being damaged daily by these phenomena.

Health Kinesiology

by

Jane Thurnell-Read

(excerpts only)

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What Is Kinesiology?

Kinesiology is the healing system from which health kinesiology developed. The word kinesiology means 'the study of movement' and was originally used to describe a field of medicine concerned with the working of joints and muscles. There are still people known as kinesiologists who work in conventional medicine, but, since the 1960's, other systems of kinesiology (including health kinesiology) have evolved from it.

The original work in this field was done by an orthopaedic surgeon, R.W. Lovett, in the 1920's. He developed a system for testing and grading the strength of muscles. This work was further developed and systematized by Henry and Florence Kendall, who published a book in 1949 entitled *Muscle Testing And Function*. In the early 1960's George Goodheart, an American chiropractor, developed this work further, when he realised that muscle weakness could often be rectified, at least temporarily, by massaging the beginning and end of the weak muscle, a procedure that came to be called the origin/insertion technique. Goodheart also recognized that particular symptoms were often related to particular muscle weaknesses. He then integrated his insights with the work done in the 1930's by Frank Chapman and Terence Bennett. Chapman had found that, if he massaged certain tender places on the body, the area would stop being tender and people's health often improved. He related these to the lymph system of the body. The lymph system is part of the immune system of the body: massaging these points leads to an increase flow of lymph. Bennett found specific points (mainly on the head) that, when held, would lead to an increase in blood flow in the body. George Goodheart recognized that massaging Chapman reflex points and holding Bennett reflex points could also affect the response of the muscles. He now had three different ways of strengthening muscles: massaging the beginning and end of weak muscles, massaging points to increase lymph flow and holding points to increase blood flow. Goodheart also found that, if he worked to strengthen muscles, other health problems would improve or even disappear.....

Why Do People Consult A Health Kinesiologist?

They may be physically ill and want some help with their problems. Health kinesiologists have successfully treated people with a wide range of physical problems. Clients may have been through a whole range of medical tests and have no diagnosis for their symptoms. They may be anxious to reduce their dependence on drugs. They may be emotionally distressed and want help with depression, anxiety, panic attacks, lack of self- confidence, etc. An athlete may be seeking to enhance performance. A parent may be worried about a child's poor school report. A manager may be stressed by his or her workload. An accident victim suffering pain and emotional trauma, or a person who cannot see the way forward may follow up a recommendation and consult the nearest HK practitioner. People from all walks of life find an answer within health kinesiology for their needs. They respond to a system that respects the body's own inner knowledge about itself and its problems....

How Long Before The Client Notices An Improvement?

Many practitioners will also muscle test to see what benefit the client can expect to see before the next appointment. Sometimes there will be no specific benefit, because the work needs to be processed, and the healing needs to occur over a longer period of time. The work may be of a preliminary nature, and so the client will not be aware of any positive benefit. Sometimes the client will notice a gradual improvement over the next few weeks and months. Sometimes nothing will appear to happen, and then suddenly one day there will be a dramatic improvement.

Some clients, however, notice an immediate, dramatic benefit from the treatment.

One client got off the couch and said to me: "I didn't feel anything." I explained that some clients do not experience anything while they are lying on the couch but that does not mean that they will not get better. She said: "No, I didn't mean that. What I meant was that I experienced no pain when I got off the couch." She had had a hip replacement operation seven years earlier and told me, when I was taking the case history, that she had simply changed one constant pain (from her damaged hip) for another constant pain (the artificial hip). She was extremely surprised and excited that she had been able to get off the couch without experiencing any pain.

More information from www.lifeworkpotential.com

What Will The Improvement Be?

Health kinesiologists do not predict the future, but they can use muscle testing to establish the likely outcome of the session. Prediction involves being able to see into the future, whereas the HK practitioner uses muscle testing to project what will happen if everything occurs as expected.

So the practitioner can ask questions such as:

- Will the client notice any improvements in their existing symptoms as a result of the treatment?
- Will the client notice any mental benefits (e.g. increased concentration, better memory) as a result of the treatment?
- Will the client have more energy as a result of the treatment?
- Will the client feel more confident as a result of the treatment?

These questions allow the therapist to estimate when the person will be well and how they will experience the benefit. This is a difficult skill to acquire, and it also does not take into account circumstances that may change which the therapist cannot foresee....

Meridian Analysis

Meridian analysis is another way of structuring the energy work. The previous three ways (client specified issues, HK tested issues and overall body sequence) are the most common ways of working, but sometimes meridian analysis is most appropriate.

If meridian analysis is chosen, it means that the best way to help the person is by looking at the synchronization, energy and information exchange and feedback between the different acupuncture meridians. As well as energy flowing *through* the meridians, it also flows from the meridian to the cells of the body and *between* meridians, connecting everything in a unified whole.

A good example of meridian analysis is the work I did on Mike Collins.

Mike came to see me because he had been diagnosed as having a slightly over-active thyroid gland. He had been given medication by his GP and that was beginning to help, but the GP was still talking about the possible need for surgery. Mike's first appointment was in July and I did not see him again until the December because his job takes him out of the country a lot.

On the first visit his energy system chose meridian analysis: the large intestine meridian was not able to receive energy and feedback properly from the triple warmer meridian. On the second visit his energy system again chose meridian analysis, but this time the focus was that the gall bladder meridian was not able to receive energy and feedback properly from the triple warmer meridian. The triple warmer meridian is concerned, among other things, with the health of the thyroid. It is interesting that in both sessions the energy system said the problem was not with the triple warmer meridian itself, and by implication not with the thyroid gland itself. The over-activity of the thyroid gland was a symptom of problems elsewhere in the energy system. The problem was with the meridians that should have been receiving energy from the triple warmer meridian: large intestine and gall bladder. So the work we did focused in the first session on making the large intestine meridian able to accept the triple warmer meridian energy. In the second session the work focused on the gall bladder meridian. Another way of looking at this is to say that in Mike's case there was nothing wrong with the thyroid energy: it was hampered in its job because other parts of the energy system were not working correctly, causing an over-energy state in the triple warmer meridian. This fits with the thyroid gland being overactive.

BBEI Corrections

A particularly powerful yet simple technique in health kinesiology is the BBEI correction. BBEI stands for body brain energy integration, and this wording reflects the fact that this type of disturbance affects the connection from the body to the brain.

BBEI corrections deal with primitive fears, set up in early life, that hinder the smooth transmission of energy between the body and the brain. These primitive pre-language fears begin either in the womb or during birth or before two months of age. I suspect that after two months of age the baby's brain is sufficiently developed to stop the possibility of distressing events affecting its functioning in this way. Although these are fears, they do not include phobia-type fears such as a fear of spiders. Phobias are psychological fears and are corrected using psychological procedures (see page 00).

The BBEI correction procedure is very simple and straightforward. The practitioner has a list of the most common BBEI items. Having established, through muscle testing, which of the items need correcting during the session, the practitioner holds the specific BBEI reflex points while the client thinks the words, for example *fear of not being free*. The client thinks these words over and over again; sometimes the words will generate images or emotions, sometimes they will not.

Examples of typical BBEI items:

- *fear of being abandoned*
- *fear of not being loved*
- *fear of not being able to know what I want*
- *fear of not being able to breathe*
- *fear that I won't be good enough*

Obviously the foetus or baby does not think in these terms: this is adult wording for these primitive feelings. When the client thinks *fear of being abandoned*, for example, it recreates energy stresses similar to that experienced by the baby or foetus.

BBEI fears can be set up as the foetus or young baby responds to its environment. People usually have many of these types of fears. This does not necessarily mean that they had a difficult start in life, but simply reflects the baby's inability to analyze and understand what is happening. For example, when the baby is hungry, it does not have the concept that this will only last for a short time because someone will feed it, so *fear of hunger* can be set up. If the bedclothes accidentally cover the baby's face, it does not have the ability to remove them, and so *fear of suffocating* can begin.

BBEI fears can also start because of the mother's experiences. The psychological stress of the mother gets transferred to the foetus and a BBEI fear starts for the baby.

Practitioner John Payne saw a ten-year-old boy, who had difficulty going to bed and sleeping. Various corrections were done including a BBEI *fear of being falsely blamed*. At first his mother said: "Oh yes, that seems just like him; he's always saying he gets blamed when it's his brother's fault." After a few moments she said: "It could be more about me, because, when I was pregnant, my husband and his family blamed me for almost everything. I couldn't do anything right almost from the time we met." The child soon stopped being difficult about going to bed.

Julie Flower went to see practitioner Sandie Lovell. As part of the work Sandie found that she needed to do some BBEIs on Julie. One of these was *fear of water*. As Julie started to think the item, she started to see detailed images of three children in 1940's style clothes, playing in a pond with a tractor tyre as a makeshift boat; the little girl fell into the pond and was very upset, as she could not swim. Julie subsequently found out that her mother had had such an experience when she was six years old, but had never told anyone about it.

Kinesiology

by

Jane Thurnell-Read

(excerpts only)

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Excerpts

Introduction

Let me first tell you how to pronounce it. It is kin-easy-ology, although a few people pronounce it kine-easy-ology. There are many different kinesiology systems, but they all use the same basic tool - muscle testing, also called muscle monitoring.

The word kinesiology means 'the study of movement' and was originally used to describe a field of medicine concerned with the working of joints and muscles. There are still people known as kinesiologists who work in conventional medicine, particularly in North America.

Since the 1960's, other systems of kinesiology have evolved from it, based on the work and insights of an American chiropractor, Dr George Goodheart. These are the therapies we will be looking at in this book.

Muscle testing is a painless procedure involving the practitioner applying gentle pressure to specific parts of the body (often arms and legs) to test the response of the underlying muscle. The particular part of the body involved is placed in a specific position in order, as far as possible, to isolate the muscle that is being tested. The muscle will either easily be able to resist the pressure from the practitioner or will give way. The kinesiologist uses this response to access information about what is happening within the body and what is needed to improve health and wellbeing. (See page 14 for a more detailed explanation.)

This amazing tool was developed by George Goodheart into a system that became known as Applied Kinesiology. Subsequently John Thie took elements of it and developed a system called Touch for Health, which was designed for use by people without any formal medical training to use in their homes and with their families and friends in both a preventive and in a restorative way.

Over the years many people in many different countries have learnt Applied Kinesiology and/or Touch for Health. Some of them have gone on to develop their own kinesiology systems either for use by the general public or, more usually, by practitioners. (See page 46 onwards). They offer a wide variety of approaches and techniques but all share the same tool - muscle testing (muscle monitoring). Each kinesiology reflects the experience, knowledge and interest of its creator. All kinesiologies also share many basic concepts and techniques and many of these are covered in this book.

Kinesiology produces more than its fair share of miracles for a therapy that is so casually dismissed by some as being rubbish, bizarre, silly, and only of interest to the gullible and the desperate.

You will read about some amazing things in this book that cannot be explained by current scientific and medical knowledge. Some improvements in symptoms may happen anyway, some may happen because of the placebo effect (see page 44), but there are others that defy any conventional explanation: animals or children too young to understand what was happening or clients who were sceptical or had a rigid scientific background. Kinesiology has attracted practitioners and developers with rigorous scientific backgrounds including doctorates (PhDs) in solid state physics (Diego Vellam, see page 79), in physiological psychology (Jimmy Scott, see page 84), in geology (Wayne Topping, see page 173) and biology and physiology (Charles Krebs, see page 50) and a research scientist in molecular biology (Barbara Grimwade, see page 81). Susan Eardley has been awarded a doctorate by Southampton University (UK) for her work showing the effectiveness of one kinesiology system in the management of chronic low back pain (see page 136). People with a medical background have also become deeply involved and committed to kinesiology, including Bruce Dewe (see page 136), a medical doctor, and Helen Bradley (see page 164), a speech and language therapist.

I have been involved in kinesiology for more than twenty years and during that time I have often met people who have said something to me along the lines of: I'm a scientist so, of course, I can't accept this. What an unscientific attitude to dismiss something without investigation, assuming that it cannot be correct because it does not fit current understanding.

More information from www.lifeworkpotential.com

Some critics dismiss kinesiology and similar therapies, claiming it attracts the woolly-minded and will not stand up to real scrutiny. In fact, kinesiology attracts people who are prepared to assess what they see objectively and without preconceptions.

History/Origins Of Kinesiology

The originator of kinesiology muscle testing as we know it was a US chiropractor called George Goodheart. His work ultimately resulted in a system now known as Applied Kinesiology...

Although Dr Goodheart is recognised as the founder of kinesiology as a therapeutic system, the original work in this field was done by an orthopaedic surgeon, R.W. Lovett, in the 1920's. He developed a system for testing and grading the functioning of muscles. This work was further developed and systematized by Henry and Florence Kendall, who published a book in 1949, entitled Muscle Testing And Function.

In the early 1960's George Goodheart developed this work further. His first major insight was into the relationship between back pain and weak muscles. At that time back pain was understood to occur as a result of muscle spasm. Treatment was, therefore, focused on relaxing the tense muscle or muscles. Goodheart saw back pain occurring as a result of muscular weakness. In his view muscle weakness (or inhibition as it is known technically) results in an associated muscle becoming tight, resulting in pain. From this understanding it follows that the muscle that needs attention is the weak muscle, as the tight muscle is a response to, not a cause of, the problem. As the weak muscle is corrected, the tight muscle lets go of its tension.

Goodheart's next major insight came when he examined a patient who was unable to work because of shoulder instability. He observed nodules in the muscle insertion and he applied heavy pressure with his fingers to reduce these nodules. Immediately afterwards the man was able to move his shoulder in a way he had not been able to do for fifteen years. Goodheart checked other patients and found that many responded to this vigorous stimulation at either the origin or insertion of the weak muscle. At the time it was believed that this was correcting micro-tears in the muscle fibres. This procedure became known as the origin/insertion technique (see page 38).

Some Important Concepts

The Triad Of Health

A central concept of many kinesiologies is the triad of health. This is envisaged as a triangle with three sides labelled structural, emotional (or mental) and biochemical (or just chemical). Each side is equally important and the three sides affect each other. For example, a structural problem such as an injured joint may have emotional/mental repercussions too. A problem in the biochemical area (such as an excess intake of a toxic mineral or an under production in the body of hydrochloric acid) can have structural and mental/emotional affects too. Any problem could have mental/emotional components and structural issues, all of which need to be addressed for complete healing to take place.

The triad of health does not have a place for spiritual considerations. Some kinesiologists see this as a weakness of the triad of health model, whereas others see spiritual issues as being outside the remit of the practitioner.

The Holographic Model

If you have a holographic image and cut it into pieces, each piece contains all the information from the original, so is capable of generating the full image. This contrasts with a normal image, where cutting it up destroys the full image. As you cut the holographic image into smaller and smaller pieces the images becomes less clear and quality suffers even though the full image is still there.

More information from www.lifeworkpotential.com

The concept of the person and their energy system as a holographic model reflects the idea that every part of the person has knowledge and understanding of every other part. Even though the practitioner may be focusing on a specific part of the physical body, this is not all that is being considered – the whole person is represented there.

Practitioners who use a holographic model in their work see everything as interconnected. They believe that it is not usually possible to have a simple linear cause and effect, where the cause happens and the effect is inevitably produced. Using the holographic model, the practitioner uses muscle testing to find the pieces - from that person's history, from different body systems, from different subtle bodies (see page 08), etc. - that represent the individual's dynamic needs, bringing them together in a way that gives clarity and allows insight at a deep level as to what is needed for profound and lasting healing.

Correction Methods

Once imbalances have been identified, there are various rebalancing procedures that can be used. Some of these work directly on the body – touching, massaging or holding specific points or areas. Other techniques include the client taking something or doing something in the session or afterwards. The range of techniques and possibilities is phenomenal. It is impossible to cover all of these, but I have endeavoured to include the ones that you are most likely to come across.

The Original Correction Techniques

These standard techniques owe much to the origins of kinesiology within chiropractic and George Goodheart's research and insights:

- Spinal Reflex technique
- Neurolymphatic
- Neurovascular
- Meridian tracing
- Origin/ insertion
- Acupressure Holding Points

Some practitioners will try these procedures one after another until one works. They are usually tried in the order above, because it has been found that it is quicker to use the spinal reflex technique than it is to use the neurolymphatic technique, which is usually quicker than the neurovascular technique, and so on. Quite often several of the different correcting techniques will work, so it makes sense to start with the one which is usually quickest to complete.

Other practitioners use the priority finger mode (see page 21 and 32) or verbal questioning (see page 22) to determine which will be most effective.

At its simplest, once a muscle imbalance is identified the correct technique can be used to rebalance the body. The muscle is then tested again to check that the re-balance has indeed occurred ...

**Nutritional Testing
For
Kinesiologists and
Dowsers**

by

Jane Thurnell-Read

(excerpts only)

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Excerpts

One of the fundamentals of kinesiology and dowsing is that everyone is individual. Of course, we do share much in common – our genetic makeup ensures that – but the variations in what is right for people are significant. This is particularly true in the area of nutrition and diet. Because of this, nutritional knowledge can only be a guide not a prescription. Putting nutritional knowledge together with kinesiology or dowsing provides an amazingly accurate and versatile system.

How To Use This Book

I have written this book to be used practically in a particular way. Faced with a client I envisage you will go through the following stages:

1. You decide on which way you will work (see pages 11 to 14).
2. You test from the nutritional menu (pages 25 to 34).
3. Having found a category (in bold with a number against it), read the different possibilities listed below the bold entry. If you have been using this system for a while, or know a lot about nutrition and nutritional testing you may feel able to test straight away. Otherwise, go to (4)
4. Turn to the correct pages and read what it has to say before testing. You may also want to refer to other books and manuals too. Remember the nutritional information in this book is not intended to be comprehensive or sufficient in its own right.

Ideal Diet

There is no such thing as the ideal diet that suits every body; just as people's appearances vary so their needs for food and nutrients vary. Each one of us is biologically individual. When working with clients, it is necessary to have a clear idea of what is meant by 'ideal diet'. Here is the definition I use:

The ideal diet for a person consists of:

the right food
in the right amounts
at the right time
in the right way

Working With The Nutritional Menu

Most therapists offer other possibilities than just doing nutritional work, so how do you decide to work in this area?

1. Sometimes you will get clients (or friends and family) who say something like: "I've read this magazine article that says vitamin B is good for nerves. Do you think I should take some?" This is the simplest lead in to nutritional work, because you immediately have a question needing an answer.
2. Sometimes testing will suggest that nutrition is a key area for this person. You may have used dowsing or kinesiology to establish that what the client needs is some nutrition and diet advice. If you are a kinesiologist using finger modes, it could come up that way too.

The framework I usually use for nutritional work is the 'menu' (a particularly appropriate word in the circumstances) set out on pages 25 to 34. The menu lists all the possible things that can be checked (e.g. drinking more water, taking supplements, changing cooking utensils, using ritual, etc.)

This menu can be used in various ways:

1. Work out a full programme starting with the first item on the nutritional testing menu and work through it systematically.
2. Test for the priority from the nutritional testing menu.
3. Work out nutritional needs in relation to a specific problem, (e.g. weight loss, hay fever, diverticulitis, tiredness, dry skin, etc.) using the nutritional testing menu.
4. Work in relation to a specific piece of nutritional advice suggested by the client.

More information from www.lifeworkpotential.com

Knock-On Effects

Making changes in one area may mean that changes need to be made elsewhere.

For example, if you test that the person needs to increase their fibre intake, they will probably also need to increase their water intake. It is possible to find this in two ways.

Firstly, you could find it by asking:

Is there anything else we need to know about this?

And then, when you get the answer 'yes', you test till you find that the person needs to increase their water intake.

The other way is for it to come up by getting 'no' to Is there anything

else we need to know about this? Then 'yes' to

Is there something else we need to do'

And then you test on the menu till you get to 'water'.

The advantage of the first option is that it is totally clear that the two are connected. The advantage of the second option is that in practice it often makes the questioning more manageable. In general I use the second method, but you can set it up either way. Just be consistent about which you do. By 'set it up' I mean you are very clear about what the implication of an answer 'yes' would be, and that you are consistent in this clarity.

From later in the book:

Custom Blends Of Oils

Using muscle testing it is possible to work out a custom blend of oil for a client. Test:

§ How many oils to use

§ Which oils - we have a list of 33 different oils to choose from.

§ Anything special about the oils, e.g. possibilities include that the oils must be a certain brand, must be cold pressed or must be organic.

§ What proportions for each oil, e.g. 2 parts of olive oil, 3 parts of walnut oil, 1 x 500 mg EPO capsule, etc.

§ What the dose is, how it is to be taken (frequency, time of day, with other food, etc.). Sometimes the oil blend would be suitable to use in cooking, put on cooked food or use as a salad dressing, but it is important to test that these options are suitable.

§ Are there any constraints on how far in advance the mixture can be made up.

§ How long to be taken or when do you retest.

Oils that could be used include:

1. Almond oil
2. Avocado oil
3. Blackcurrant seed oil - supplement
4. Butter

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5. Castor oil
6. Coconut oil
7. Corn oil
8. Cottonseed oil
9. Evening primrose oil - supplement
10. Fish oil
11. Grape seed oil
12. Hazelnut oil
13. Hemp oil - supplement
14. Lard
15. Linseed (flaxseed) oil - supplement
16. Macadamia oil
17. Mustard oil (available in the UK from shops selling Indian spices, etc.)
18. Olive oil
19. Palm oil
20. Peanut oil
21. Pecan oil
22. Perilla oil - used in Korean cuisine
23. Pumpkin seed oil
24. Rape seed / Canola oil
25. Safflower oil
26. Sea buckthorn oil - supplement
27. Sesame oil
28. Soya oil
29. Starflower (borage) oil - supplement
30. Sunflower oil
31. Sweet almond oil
32. Walnut oil
33. Wheat germ oil

So testing might look like this:

Are we looking for a custom oil blend for Kate? Yes

How many oils are we using - at least 3? Yes

More than 3? No

So, three oils? Yes [confirming question]

Are any of the oils in the first 10 on the list? Yes

Number 1 to 5 inclusive? Yes

Almond? No Avocado? No

Blackcurrant? Yes

Are any of the other oils in the first 10 on the list? Yes [Find the rest of the oils] So the blend is blackcurrant, olive and walnut oils - is that correct? Yes

Do we need to know any more about the oils themselves? No

For the blackcurrant oil how many parts - more than 1? No [Find the number of parts for each oil]

So, it is 1 part blackcurrant, 2 parts olive oil and 1 part walnut oil, is that correct? Yes [confirmation question] So the dose is more than a teaspoonful at a time? Yes

More than two teaspoonfuls? No

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Two teaspoonfuls? No

1 and a half teaspoonfuls? Yes

[Continue testing to find the rest of the information, such as how often the dose is taken, any special requirements or restrictions and for how long.]

Butter Versus Margarine

Clients may ask you whether they should use butter or margarine. The facts are that butter is loaded with saturated fat, and almost all margarines have some saturated fat and, more significantly, trans fatty acids. Testing may indicate a preference for one or the other, or a reduction in both.

Problems With A High Fat Diet

§ Increased risk of obesity (supplies 9 calories per gram of fat compared with 4 calories per gram of carbohydrate)

§ Increased risk of cancer (breast, colon and prostate)

§ Increased risk of heart problems (high blood pressure, heart disease)

§ Gall bladder disease

§ Insulin resistance

§ High fat diets line the stomach with lipids and stop the absorption of antioxidants.

Problems With A Low Fat Diet

Some vitamins are fat-soluble and so are found in foods that contain fat.

They also need fat for transportation into the body. Essential fatty acids are, as their name implies, essential for health.

A study published in the American Journal of Epidemiology in 2007 (Park S, Murphy SP, Wilkens LR, et al. Calcium, vitamin D, and dairy product intake and prostate cancer risk: the Multiethnic Cohort Study 2007;166:1259-1269) showed a positive correlation between low-fat and non-fat milk consumption and the risk of prostate cancer. This link was not there for whole milk.

Verbal Questioning Skills For Kinesiologists

by

Jane Thurnell-Read

(excerpts only)

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Basic Considerations

When Clients Are Pregnant, Extremely Ill Or On Powerful Medication

Many practitioners are nervous about working on people like this, because they are concerned about doing more harm than good, even though they know that muscle testing should take care of this. I tend to preface questions with the phrase 'bearing in mind', when I am working in a situation of this sort, e.g.

- ? Bearing in mind that you are six months pregnant, would it be appropriate for us to work together?
- ? Bearing in mind that you are on tablets for your high blood pressure, would it be appropriate to carry out technique X?
- ? Bearing in mind that you are seriously ill with colon cancer, would it be appropriate for you to take this supplement?

Although this is unnecessary, it does give the client (and me!) an extra layer of confidence.

Finding Thoughts, Words & Phrases

When looking for words some general categories come up frequently so it is good to ask about these early on if it is appropriate. Common areas are:

- Emotions (e.g. fear, anger, love, happiness, misery, etc.)
- Feelings (e.g. hot, cold, shaky, in pain, etc.)
- Virtues and vices (e.g. honesty, integrity, truth, meanness, greed, adultery, etc.)
- Intellectual concepts (e.g. success, freedom, independence, etc.)
- Physical body (e.g. fat, thin, beautiful, sexy, stiff, in pain, ageing, etc.)
- Health / Ill health (e.g. healthy, fit, energetic, lively, vibrant, ill, unhealthy, dying, decrepit, etc.)
- Relationships (love, intimacy, tenderness, mother, relative, lover, etc.)
- Goals (e.g. future, purpose, intention, dreams, ideals, vision, objective, ambition, or a named goal of the client, etc.)
- Spirituality (e.g. God, spirit, enlightenment, religion, sin, etc.)

Placement: Where Is It? Locating A Particular Place

When locating a particular place, you need to first find the general area.

This may be clear from the context of the questioning. The place may be very specific (e.g. the client's bedroom, a particular beauty spot, etc.) or more general (e.g. anywhere as long as it is outdoors, by the ocean, in a small dark room, etc.). This needs to be determined first by questions such as:

- ? Is this a specific place?
- ? Is this a general place that has specific characteristics?

Establishing Quantities: How Much?

Before you ask any of these questions be clear in your own mind if you are asking minimum, maximum or optimum.

- Minimum: if people are short of money or reluctant to do something, you might want to ask for the minimum for the person to receive any benefit.

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- Maximum: if you are looking at something that is basically not good for the person, you may want to know what is the maximum they can have / do without experiencing a problem. When you get the result to this, it is important that you explain to the client that the body is not saying they must drink three cups of coffee a day, for instance, but is saying this is the maximum that can be tolerated without harm.
- Optimum: this is for beneficial things where you are finding what will give the most benefit either in general or for a particular problem.

Establishing Quantities: How Many? Establishing An Exact Number

There are several different ways of phrasing this sort of question. The fastest way to establish the exact number is to ask in one of the following ways:

- At least X: if you ask Is it at least 4? and get the answer "yes", then the number is 4, 5, 6, 7, etc.
- X or more: this is the same as "at least X".
- More than X: if you ask Is it more than 4? and get the answer "yes", then the number is not 4, but would be 5,6,7,etc.
- Less than X: if you ask Is it less than 4? and get the answer "yes", then the number is 0,1,2 or 3.

Time: How Often? When?

I used to assume that whenever I was working in this area I would be working according to clock time or calendar time, e.g. at 6.30 p.m., three times a day, every other day, etc. Then one day I was working with a client and had a lot of difficulty establishing when she needed to do something. After a lot of head scratching I realised that there was the possibility of activity time, so that something is done at the same time as another activity. So now whenever I am faced with a time question, I first ask:

. Are we measuring in clock time? If I get 'no' to

this, I ask:

. Are we measuring in activity time?

Time: How Long? What Happens Then?

It is important not to assume that when the time is over that the activity stops. The activity could:

- Increase (e.g. more repetitions of an exercise or more frequent gym visits).
 - Reduce (e.g. take 2 capsules instead of 3).
 - Stop.
 - Change in some way (e.g. supplement now taken at a different time of the day)
- Alternate (e.g. take a different type of calcium for three weeks, then back to the original one for four weeks and so on).

Allergy & Intolerance Testing

You then use further questions to narrow down the area, e.g.

- ? Is it a food?
- ? Is it something drunk?

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- ? Is it personal care products? (e.g. shampoo, deodorant, toothpaste, cosmetics, etc.) . Is it household products?(e.g. washing powders, bathroom cleaners, etc.) . Is it something the person inhales? (e.g. house dust mite, pollens, perfume, etc.) . Is it something the person touches?(e.g. metal, fabric, wood, etc.) . Is it something the person takes? (e.g. nutritional supplement, drugs,
- ? etc.)
- ? Is it something taken in accidentally? (e.g. plastic sucked on a pen, remains of washing up liquid on cutlery, etc.)
- ? Is it something specifically to do with the person's work?

500+ Health And Happiness Tips

(This book is only available as an eBook via Amazon)

by

Jane Thurnell-Read

(excerpts only)

Excerpts

Touch Your Toes To Check Your Arteries

A less flexible body indicates arterial stiffening, especially in middle-aged and older adults. Arteries stiffen as a consequence of age and arteriosclerosis. Age related stiffness occurs when the elastic fibres within the arterial wall (elastin) begin to fray due to mechanical stress. The two leading causes of death in the developed world, myocardial infarction and stroke, are both a direct consequence of atherosclerosis. Increased arterial stiffness is associated with an increased risk of cardiovascular events. If you're in this age group and have difficulty touching your toes, you need to take remedial action – diet, exercise and other health changes. [Read more about this>>](#)

House Dust Mites

If you scratch a lot in the night or wake feeling blocked up, you could be reacting to house dust mites. Washing bed linen at 60 degrees centigrade (140 degrees Fahrenheit) can help reduce the house dust mite population. Rotate pillows every couple of months as well. This means the house dust mite runs out of its food (your skin flakes). The Benefits Of Laughter

Lee Berk and colleagues from Loma Linda University in the USA have been studying laughter since 1985. They have found that 'mirthful' laughter (laughter arising from happiness instead of emotions such as embarrassment and anxiety) optimises the activities of specific components of the neuro-endocrine and immune systems and appears to offset physiological and mood states associated with the symptoms of chronic stress. In other words laughter can help counteract the negative effects of stress on your mind and body.

So make sure you laugh often - share laughter with friends, read a funny book, watch a funny video or go see your favourite comedian in a show.

Gum Health

Don't ignore your gums. Bleeding gums can be sore and painful, and can damage your long term health. Bad gum health has been linked to heart disease. Bizarre as it may seem, flossing your teeth and seeing a dental hygienist regularly may help prevent heart disease.

Diabetics who are insulin dependent often see improvements if they get their gingivitis under control.

Eating grapefruit can help fight gum disease. In a study 58 people with gum disease ate 2 grapefruit a day for a fortnight and showed significantly less bleeding.

Coenzyme Q10 supplements have also been shown to help some people.

Live Long, Live Well

In a study that was presented at the International Congress on Obesity in Stockholm 2010, researchers tracked more than 5,000 military conscripts starting at the age of 20 until up to the age of 80. They found that at any given age, an obese man was twice as likely to die as a man who was not obese and that obesity at age 20 years had a constant effect on death up to 60 years later.

If you're a young man, you may not be that worried now about what happens to you when you're 60, but along with the obesity goes increased chances of some cancers, breathing problems, back problems, diabetes, arthritis, depression and much more. You could be obese and be perfectly health and then one day drop dead, but it's not that likely. You are much more likely to suffer ill health and restrictions in your pleasure in life long before you die.

More information from www.lifeworkpotential.com

The Benefits Of Laughter

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Arthritis And Exercise

Long gone are the days when health care providers told people with arthritis to "rest their joints." In fact, physical activity can reduce pain and improve function, mobility, mood, and quality of life for most adults with many types of arthritis including osteoarthritis, rheumatoid arthritis, fibromyalgia, and lupus. (US Government Centers For Disease Control And Prevention)

Physical activity produces big benefits for people with knee osteoarthritis. In addition to improving the ability to walk, physical activity also promotes healthy joint cartilage and reduces pain, depression and fatigue. (January 2011 issue of Arthritis And Rheumatism)

The US Arthritis Foundation says: "Exercise protects joints by strengthening the muscles around them. Strong muscles keep your joints from rubbing against one another, wearing down cartilage." The US Arthritis Foundation has information on its web site that explain clearly about the exercises that it is safe to do specifically if you have arthritis.

200+ Weight Loss Tips

(This book is only available as an eBook via Amazon)

by

Jane Thurnell-Read

(excerpts only)

Excerpts

Imagine More To Eat Less

While you may not be able to stop after just one, simply imagining yourself eating a bag of crisps could keep you from going overboard. A study by Carey Morewedge of Carnegie Mellon University, published in *Science*, shows that More information from www.lifeworkpotential.com

when you imagine eating a certain food, it reduces your actual consumption of that food. These findings suggest that trying to suppress your thoughts of desired foods in order to curb cravings for those foods is a fundamentally flawed strategy.

A Healthy Alternative To Sugar

If you can't give up sugar, try xylitol instead. Xylitol is found in the fibres of many fruits and vegetables, but commercially it is often made from birch trees. It is a much better for you than sugar. It has a lower glycaemic index (8 rather than 65). It is absorbed more slowly, so doesn't generate the unstable blood sugar that ordinary sugar does. It is about as sweet as sugar but with just over half the calories (2.4 kcal per gram as opposed to 4.00 kcal per gram for ordinary sugar).

It can be used in hot and cold drinks and baking - in fact all the ways that ordinary sugar can be used, except for things like bread making as it kills yeast. It does not have the after-taste of many artificial sweeteners.

There is also mounting research that it reduces dental decay (rather than increasing it as ordinary sugar does). The only real downside is that it can have a laxative effect if taken to excess. It is also not suitable for pets. Xylitol can be found in many health stores.

Heart & Hands

Karen Knowler, [the Raw Food Coach](#), says: "When the heart is hungry the hand tends to reach out, and down the chute goes the 'love'. For real and long lasting weight loss, all areas of life need to be looked at. How happy are you at home, in your relationship, in your work, in your everyday life? How emotionally, spiritually, mentally and physically fulfilled are you? As long as you feel empty inside you will likely have a tendency to fill it up with something, anything, and that, more often than not, will be food."

Cancer And Weight

A study published in the British Medical Journal (November 2007) links cancer to body weight. Researchers examined the effect of body mass index (BMI) on both cancer incidence and death among 1.2 million women aged 50 to 64 over five years for cancer incidence and seven years for cancer mortality. An increasing BMI was associated with a significant increase in risk for 10 out of 17 specific types of cancer. Similarly, risk for death also increased with BMI for most types of cancer. Arm yourself with facts like this to give you yet more reason to lose weight and keep it off.

Motivate Yourself

Robert Middleton of www.actionplan.com suggests that you pay a fine, if you don't keep to your commitment. Nothing particularly new about that, but he suggests a great twist – you pay your fine to a group that you disagree with completely. For example, commit to giving money to a political party you detest if you don't keep your resolution.

Are You Giving Away your Power?

When you eat in a restaurant, buy a ready meal, buy chocolate or an ice cream, do you let the producer decide what is the amount you should eat by finishing whatever the portion size happens to be? Take back your power and decide for yourself when you've had enough. Do store owners decide your impulse buys by putting high calorie food next to the checkout? Take back your power and choose for yourself what you buy.

Low Carbohydrate Diets

A 2008 study from the psychology department at Tufts University USA shows that when dieters eliminate carbohydrates from their meals, they performed more poorly on memory-based tasks than when they reduce calories, but maintain carbohydrates. When carbohydrates were reintroduced, cognition skills returned to normal. Low carbohydrate diets aren't necessarily good for your general health.

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Self-Image

Many people who are trying to lose weight find it difficult to have a positive self- image. DeeDee Dayhoff, clinical social worker with Counseling and Psychological Services at the Indiana University Health Center, offers the following tips on how to become comfortable with your body image:

Limit/stop your "fat talk." Examples of fat talk include: "I hate how fat these jeans make me look." "I can't believe I just ate all of that for lunch." Fat talk is "toxic chatter" and erodes self-esteem.

Resist engaging in fat talk about others. This includes making critical comments about the way that others look.

Work on developing a more accepting and positive attitude about your body. Every day, you can make an effort to name something that you appreciate or that your body helps you do.

Develop a more critical eye and ear about negative messages conveyed in the media. Don't allow the media to control your self-esteem or perception of your body image; think critically about what the advertisement is trying to sell you or what distorted messages about appearance are being projected.

How To Have A More Successful Website

(This book is only available as an eBook via Amazon)

By Jane Thurnell-Read

(excerpts only)

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Excerpts

Why Do You Want To Attract Visitors To Your Website?

This may seem a slightly odd question, but it is important to keep it in mind as you work to improve your website. Website hosting packages come with a certain amount of bandwidth (usually per month). Bandwidth is what visitors use when they visit your site. If you get a lot of visitors – by that I mean thousands a day – they will use a lot of the bandwidth allocated to your site's traffic by your website hosting company. So if you have a lot of visitors, you may exceed your monthly bandwidth allowance and have to move to a more expensive hosting package or pay extra each time you exceed your bandwidth allowance.

For this reason the absolute number of visitors is less important than having visitors who do what you want them to do on your site (decide to phone you and book an appointment, buy a product, sign a petition, etc.) So you need to focus on getting visitors to your site who are likely to do this. Sales people use the term 'pre-qualified' – a term implying that people already meet some requirements. Sales people in general do not just go out and talk to anyone. They look for people who are pre-qualified in some way, e.g. have a certain income or are single or are home owners or a certain age.

What Is Important To Search Engines?

In order to know how to optimise your site for search engines you need to know what is important to them. Google says:

When a user enters a query, our machines search the index for matching pages and return the results we believe are the most relevant to the user. Relevancy is determined by over 200 factors.

As I said in the introduction, no one knows for certain all the factors that search engines consider, but the search engines do give some guidance:

1. Content – this is the most important factor. There is no substitute for good content and lots of it. A bigger site (one with more information and more pages) will be seen as more important than one with less content and fewer pages (other things being equal).
2. Each page should have enough content (text not images) so that the search engine can determine what the page is about.
3. Fresh content – content that is added to or updated regularly also scores highly with the search engines.
4. Longevity – the older your site the better. There is nothing you can do about this, except possibly buying an existing site, so this will not feature as a strategy in this book.
5. Links – inward links in particular are important.
6. Good meta tags – meta tags help the search engine understand what is important on any given page.
7. Using tags correctly, e.g. H1 and H2.
8. A clear hierarchical structure.

A lot of this may be meaningless to you at this stage, but do not worry as this book explains the unfamiliar terms and sets out in detail what you need to do.

Information, Statistics And Feedback

One of the great things about websites is that it is easy to make small changes, so that you do not need content to be
More information from www.lifeworkpotential.com

perfect before it goes live. This is a big contrast to brochures, books, etc. where changes are difficult and often costly.

But the big question is how do you know what to change or add to improve your website. Fortunately a lot of the guess work has been taken out of this courtesy of Google. Some of the other big search engines have also taken a leaf out of Google's book and provide this information too.

In this book I will concentrate on three services provided by Google. If you understand how to use these, those provided by other search engines should be relatively simple to understand. The three are:

- Google Webmaster Tools
- Google Analytics
- Google Keyword Planner (formerly Google Adwords Keyword Tool)

These three tools will help you see what you need to change, and then to assess whether the changes have improved things, giving you more visitors or more customers.

Keywords And Google Keyword Planner

... Here's another example - an online shop selling exercise and fitness equipment. What search terms would people use who would be good customers for your site? Some are obvious – 'exercise equipment' and 'fitness equipment' – but other search terms that people are using include:

- Sports fitness equipment
- Home fitness equipment
- Home gym
- Home fitness
- Body fitness
- Fitness machines

All of these search terms are probably relevant for your business. You want people who type these search terms into Google or one of the other search engines to see your website listed within the first five on the first page. Don't worry if your immediate reaction is something like: I can't think of loads of search terms. The Google Keyword Planner can help you find all the keywords you need.

The Home Page

It is important when thinking about your website not to think of it as a book that a visitor reads page by page. Visitors will spend varying amount of time on your site. They may only visit once or come back on numerous occasions to look at the same pages or to look at other pages. The pages they view may not be in any order that would make sense to you or represent your ideal journey through your site information. Many of your visitors may never visit your home page.

The home page is the page that bears your domain name. If you type www.mywebsite.com you will be taken to the home page. You will also probably be taken to the home page if you type in www.mywebsite.com/index.html (or it might be [index.htm](http://www.mywebsite.com/index.htm) or [index.php](http://www.mywebsite.com/index.php)).

Owners of websites often imagine that any visitors to the site come to the home page first and look around that before clicking on a link to another page in a fairly predictable and orderly fashion. You are likely to get more entries coming to your home page first, but do not assume that this is the case. On the site www.healthandgoodness.com in one particular month the home page was the fifth most viewed page (with only 2.17% of visitors) compared with the most visited page which had 7% of visitors. Also these figures are for visitors to a page, so this does not indicate how

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many landed (i.e. started) on that page.